

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/582104**

FILING DATE

**JUN 08 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	17	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			20			